Mail to:

Division of Compliance Assistance Operator Certification Program 300 Fair Oaks Lane Frankfort, KY 40601

APPLICANT INFORMATION

programs, and activities.

Commonwealth of Kentucky Department for Environmental Protection

Registration Form for Exams and Training

Drinking Water Treatment, Drinking Water Distribution and Wastewater Treatment

> Telephone: 800-926-8111 www.dca.ky.gov/certification

DEP REG Revised 2007
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Do not write in this space.

Agency Interest Number (As shown on wallet card)						Certification Level and License Number				
Name	(First)		nitial)	il)			st)			
Address (Number and Street)				City		State	State		Zip Code	
E-Mail Address			1	Business Phone Number ()		Fax Number ()				
FAC	ILITY INFORMA	TION								
			erve as the certified o							
System &/or Facility Name			County	KPDES or PWSID Number		er Start	Start Date		Phone Number	
If yes,		m or training	m, are you eligible f fees, they will be p			sement Grant	(ERG)?	□Yes	s 🗆 No	
		•	: 5 	d alternative	choices should	be listed.)				
	Event Code Date		` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Event Title (Exam &/or Training Course)			Location		Fee	
1st									\$	
2nd									\$	
	esting an exam, is when and where w			Do yo	u need study	material?]Yes [□No		
Applic	ations submitted w	vithout payme	ubmitted with a che ent will not be proce n fees are as follow	essed. Regis						
Two day continuing education or certification preparatory training without exam								\$60.00		
Three day continuing education or certification preparatory training without exam								\$90.00		
Exam Only								\$35.00		
Two day certification preparatory training with exam (wastewater I only)								\$95.00		
Three day certification preparatory training with exam								\$125.0	0	
The Ken	tucky Environmental and	Public Protection	n Cabinet does not discrimi	inate on the basis	of race, color, nat	ional origin, sex, a	ge, religion,	or disability	and provides, on	

request, reasonable accommodations including auxiliary aids and services necessary to afford an individual with a disability an equal opportunity to participate in all services,

Amount Paid:_

Check Number:_

Do not write in this space.